



Who needs sleep when you're having fun... THE GYC OVERNIGHT



Fri-Sat. February 26-27, 2016
8:00pm – 8:00am

Meet at the Activity Center at Bohrer Park
506 S Frederick Rd
8:00PM on February 26th.
Pick up is 8:00AM at the Activity Center
at Bohrer Park on February 27.

\$50 GYC Members
Grades 6-8 Only



Registration Deadline:
Thursday, Feb 25th
This trip fills up fast!



NIGHT'S AGENDA!

****Parents– All kids must be picked up promptly at 8:00am.**

MOVIES IN GERMANTOWN

LASER TAG AT SHADOWLANDS

BOWLING AT BOWL AMERICA

SWIMMING AT THE GAITHERSBURG AQUATIC CENTER

BREAKFAST AT DENNY'S

Questions? Call
Maura Dinwiddie
or Jake Hersom at
301-258-6350

Registration Information:

Return or mail Permission Slip and Payment to **City of Gaithersburg:**

GYC Trip
506 S. Frederick Ave.
Gaithersburg, MD 20877
Or fax form to 301-948-8364

Checks made payable to the City of Gaithersburg. Visa, Discover, American Express, & MasterCard accepted.

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made at least three weeks prior to the start of the program. Please call 301-258-6350 to indicate what accommodations are needed.

All parents pick up at 8:00am at the Activity Center at Bohrer Park

GYC Overnight Registration Form #44505

☐ Check here if new address/phone since last time registered.

Parent's Last Name _____ Parent's First Name _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____ City Resident ☐ Nonresident ☐

Email _____

Participant's Name	Sex M/F	Birthdate M/D/Y	Activity Name	Activity #	Date	Grade	School	Fee
			GYC Overnite	44505	2/25-2/26			50.00

I hereby grant permission for me/my child to attend the activity sponsored by the City of Gaithersburg. I understand that I am responsible for my/my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by me/my child or any injury sustained in the program. I also consent to the City's use of any photographs and/or video tapes made of the program.

Print Parent/Guardian Name

Signature of Parent/Guardian

Does your child have any allergies, medications or conditions that may affect participation in the program? **Y** ☐ **N** ☐

Please specify: _____

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Amount Paid \$ _____ Cash ☐ Check # _____
Visa/MC# _____ Exp. Date ____/____
Signature (name on card) _____
Print Name _____

Office Use Only: 44505

Rec'd: _____ Initials _____

W P M F Resident: Y N

Pr: _____ Date: _____



Parents: Please complete waiver form below and return with registration form.

SHADOWLANDS IN GAITHERSBURG

"ALIAS" or "Code Name"

ShadowLand Player Waiver

NAME (first)

Name (last)

ADDRESS

CITY

ZIP

Date of BIRTH:

Participation at ShadowLand involves physical activity. As devoted as we are to your safety, like other physical activities (such as roller-skating, skiing), your safety is, in large part, dependent on your attitude and willingness to follow the posted rules.

By signing this agreement you understand this is between "you" (the player and your affiliates) and "us" (ShadowLand and Laser Adventures, its owners, employees, builders, manufacturers, designers). You wish to participate in adventures at ShadowLand now and in the future. You agree that whenever you are at ShadowLand:

1. **Code of Conduct.** You will play at ShadowLand and according to the posted rules or instructions given by staff members. You accept responsibility for damages you cause at ShadowLand. You will report any injury before leaving.

2. **Risk of participation.** You understand that participation involves physical activity that could result in injury. Some risks include contact with other players or walls in the Arena. You assume all risks of injury. The Arena is supervised, but portions of the Arena are not supervised continuously.

3. **Waiver.** You release us from any liability for losses that may arise out of your participation at ShadowLand and except for losses that may result from our gross negligence.

4. **Use of images.** You grant us the right to use any photos and/or other digital reproductions taken of the participant solely for publicity purposes including print or ShadowLand websites.

5. **Medical and Physical Problems.** Adventures take place in a darkened, carpeted, fog-filled Arena with ramps. Certain medical conditions including asthma, epilepsy and seizure disorders can be exacerbated or triggered by laser tag and all appropriate care should be taken by participants. Players with other medical conditions will inform ShadowLand managers prior to purchasing games.

6. **Indemnity Agreement.** You will indemnify and defend us from any claims, liability, damages or suits made by anyone arising out of your activity and/or conduct at ShadowLand, (including all fees thereby incurred by us).

You have read and understand this agreement and waiver. If you are under 18yrs old, you have discussed the contents of the document with your parent or guardian and have their consent to sign it and participate in this activity.

Gaithersburg, MD, Inc. - Parent, guardian or Party Chaperone must sign to participate

Signature :

Date :